GRIEVANCE/COMPLAINT FILED UNDER THE AMERICANS WITH DISABILITIES ACT

JD-ES-263 Rev. 8-20
28 CFR § 35.107 (b)

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

Instructions

File this form with the Director, Human Resource Management Unit, 90 Washington Street, Hartford, Connecticut 06106, (860) 706-5280, no later than ten (10) days after the alleged discriminatory act or decision. Alternative means of filing a grievance/complaint, such as a personal interview or a tape recording of the complaint, will be made available for a person with a disability upon request. Attach additional documents or page(s), if necessary.

For information on ADA accommodations, contact a court clerk or go to: *www.jud.ct.gov/ADA.*

Name of person filing complaint	Telephone	E-mail *(optional)*

Address

Describe the alleged discriminatory act or decision:
(include dates, locations, names, and contact information of witnesses - use additional page(s), if necessary.)

What remedy or solution are you requesting?

Signed *(Signature of person filing this complaint)*	Date signed
►	

FOR COURT USE ONLY

☐ The complaint is dismissed.

☐ The following resolution is offered: _____

☐ The matter is concluded.

☐ The matter is not concluded.

☐ The complainant has been told about federal and state agencies that are available to pursue the matter further.

Additional Comments:

Director of the Human Resource Management Unit, or Director's Designee

► _____ Dated _____

Print Form

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